

# Kentucky Retirement Systems and VSP offer you great vision care coverage.

As a KRS Retiree, you can enroll in vision coverage for you and your eligible dependents.



Sign up for **VSP® Vision Care** from June 1 through June 30.  
Coverage begins July 1, 2009.

See how much you can save with VSP.

	Without VSP*	With VSP
Exam	\$114	\$10
Frame	\$150	\$20
Lenses (lined bifocal)	\$106	
Progressives	\$146	\$116
Polycarbonate	\$60	\$0
[Employee/Retiree]-only Annual Premium	N/A	\$111.48
<b>Total</b>	<b>\$576</b>	<b>\$257.48</b>

Without eyecare coverage, just **one office visit** for one person can **cost \$576 or more.**

**With VSP coverage, you'll save.**

You'll save  
**\$318.52**  
on average.  
with a VSP  
doctor

\* This comparison is based on national averages for eye exams and most commonly purchased brands.

## To enroll in VSP:

Complete and mail the enrollment form to VSP.

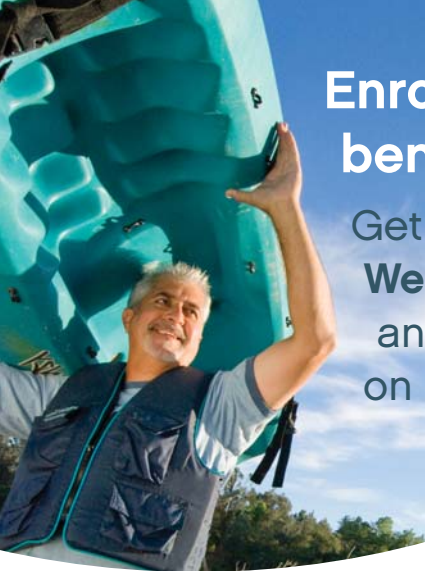
## Paying for your vision benefit is simple.

- Credit card (annual payment only – Visa, Mastercard)
- Automatic withdrawal from your checking account
- Check

## Choose the coverage that's best for you.

	Quarterly	Annually
• Employee/Retiree Only .....	\$27.87 .....	\$111.48
• Employee/Retiree + One.....	\$51.24 .....	\$204.96
• Employee/Retiree + Family .....	\$59.43 .....	\$237.72





# Enroll in VSP vision benefits today.

Get your  
**WellVision Exam®**  
and save money  
on eyewear.

Why enroll in a VSP® Vision Care plan? Because we'll help keep you and your eyes healthy with personalized care from a doctor you can trust. Covering one out of every six people in the U.S., VSP has been the nation's eye health leader for more than 50 years.

## You'll like what you see with VSP:

- **Personalized Care.** Our doctors take the time to get to know you and your eyes. They'll look for vision problems and signs of other health conditions too.
- **Doctor Network.** You'll find the VSP doctor who's right for you at [vsp.com/go/kentuckyretirementsystems](http://vsp.com/go/kentuckyretirementsystems) or by calling us at **800.400.4569**. Our doctors offer flexible hours, a variety of office settings, and eyewear choices you'll love.
- **Satisfaction Guaranteed.** You'll be 100% happy or we'll make it right.
- **Savings.** See how much you can save with VSP.

	Without VSP Coverage*	With VSP Coverage
Eye Exam	\$114	\$10 Copay
Frame	\$150	\$20 Copay
Lined Bifocal Lenses	\$106	
Progressive Lenses	\$146	\$116
Polycarbonate Lenses	\$60	\$0
Retiree-only Annual Contribution	N/A	\$111.48
<b>TOTAL</b>	<b>\$576</b>	<b>\$257.48</b>

\* This comparison is based on national averages for eye exams and most commonly purchased brands.

Average  
Annual Savings  
**\$318.52**  
with a VSP  
Doctor

**Enroll today.**  
You'll be glad you did.

## Your Coverage from a VSP Doctor

**WellVision Exam®** focuses on your eye health and overall wellness

- \$10 copay ..... every 12 months

### Prescription Glasses

- \$20 copay

Lenses ..... every 12 months

- Single vision, lined bifocal, and lined trifocal lenses
- Polycarbonate lenses

Frame ..... every 24 months

- \$150 allowance for frame of your choice
- 20% off the amount over your allowance

—OR—

### Contact Lens Care

- No copay ..... every 12 months

\$120.00 allowance for contacts and the contact lens exam (fitting and evaluation). If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

## Extra Discounts and Savings

### Glasses and Sunglasses

- Average 20-25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.

### Contacts\*

- 15% off cost of contact lens exam (fitting and evaluation)

### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities

\* Available from any VSP doctor within 12 months of your last eye exam

## Your Contribution

	Quarterly	Annually
Retiree Only	\$27.87	\$111.48
Retiree + One	\$51.24	\$204.96
Retiree + Family	\$59.43	\$237.72

## Enrollment and Contact Information

### VSP Enrollment Dates:

June 1 - June 30, 2009. July 1, 2009 effective date.

- Qualifying event enrollment after July 1, 2009 requires annual payment in full.

### For information about VSP benefits:

- Visit [vsp.com/go/kentuckyretirementsystems](http://vsp.com/go/kentuckyretirementsystems) or call vsp member services at 800.400.4569 and tell them you're a KRS retiree wanting to enroll.

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

## Combine the VSP vision plan with a Delta Dental plan and save.

Enjoy great value at a great price when you choose both a VSP vision plan and a Delta Dental plan.

To enroll in the vision/dental combo plan, contact Delta Dental at 866.480.4872. For VSP benefit information, visit [vsp.com/choice](http://vsp.com/choice) or call us at **800.400.4569**.



# VSP Enrollment Form for Kentucky Retirement Systems

## Complete this form to enroll

1. Complete, sign, and date this form.
2. Mail form to VSP.
3. A bill will be sent within two to three weeks of the enrollment form mailing date.

## Retiree Information

First Name ..... Middle Initial ..... Last Name .....

SSN ..... Date of Birth ..... Employee ID .....

Home Address .....

City ..... State ..... Zip Code .....

E-mail Address .....

Phone .....

## Your VSP Coverage

Choose coverage and payment frequency:

	Quarterly	Annually
Retiree Only .....	<input type="radio"/> \$27.87 .....	<input type="radio"/> \$111.48 .....
Retiree + One .....	<input type="radio"/> \$51.24 .....	<input type="radio"/> \$204.96 .....
Retiree + Family .....	<input type="radio"/> \$59.43 .....	<input type="radio"/> \$237.72 .....



## Payment Information (choose one)

☐ **Credit Card** Circle one: MC Visa (One time total annual payment only)

Cardholder Name .....

Credit Card # ..... Expir. Date .....

Card Verification # ..... (3-digit number on back of MC or Visa)

☐ **Automatic Checking Withdrawal** (If paying by automatic withdrawal, please include a voided check.)

Checking Account # .....

Routing # ..... (9-digit number on bottom left side of check)

☐ **Check** ☐ Payment is included (Please make check payable to **Vision Service Plan**.)

Dependent Name (Only list dependents if you did not select "Retiree Only.")	Date of Birth (month/day/year)	Relationship to Enrollee (spouse, domestic partner, child, etc.)

**Please read before signing.** By signing below, I agree that all information is true and understand that I'm enrolling for a 12-month term from July 1, 2009 through June 30, 2010. I understand that VSP will bill me directly and failure to submit premium payment by the required due date will result in the termination of my VSP plan benefit.

Enrollee Signature ..... Date .....

## Sign up for VSP.

June 1, 2009 – June 30, 2009

Coverage effective: July 1, 2009

### Questions?

Visit [vsp.com/go/kentuckyretirementsystems](http://vsp.com/go/kentuckyretirementsystems) or call VSP at 800.400.4569.

## Enrolling in VSP is easy.

Choose **one** of these options:

### Fax:

916.463.9031

### Mail:

Complete and mail this enrollment form to:

VSP Vision Care

ATTN: Client Administrative Services MS229

PO Box 997100

Sacramento, CA 95899